	(Column 1)	10	612
	FOR (Column 2)		MIZ
	HASIC FEE NUMBER EUCO	SMALL ENTITY OR OTHE	R HAR
	NOMBER EXTER	SMALL	EITH
•	TOTAL CLAIMS (3) CFR (.16(c))	RATE FEE	
1	(NDERENDEN)	RATE	FÆ
,,	(37 CFR 1.16(6))	1 08	1-r-
		K S Cod =	5
	MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 16/4)	$\times 100$ OR $\times 50$	100
	I The diff. (37 CFR 1.16(d))	100 200	-
	If the difference in column 1 is less than zero, enter "o" in column 2.] +s 180 OR × 5 200	
	than zero, enter 10- in column 2	OR + 360	
	CLAIMS AS AMENDED - PART II	TOTAL	
	- NO CIMENUED - PARTII	OR TOTAL	100
	(Column 1)	LOINE L	-
	CLAIMS (Column 2). (Column 3)		
	REMAINING HIGHEST	SMALL ENTITY OR OTHER	
. 1	AFTER NUMBER PRESENT PREVIOUSLY EXTRA		HAII
• 1	PAID FOR	RATE ADDI. SMALLEN	TITI
- 1	Colored Minus	TIONAL RATE	AO
- 1	(3) Coed (166) Minus	x s 25 =	TIORL
- 1			FØ
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))	1,3,100	- 1
-	COMM (37 CFR (.16(d))	+s (80) OR x s 200	
.1			
. -	(Column 1)	A007 000	- 1
	CLAIMS (Column 2) (Column 2)	OR TOTAL ADD'L FEE	
AMENONIO	REMAINING HIGHEST (COMMITTED) AFTER NUMBER PRESENT	The state of the s	
1	AFTER NUMBER PRESENT PREVIOUSLY EXTRA-	RATE ADD	- 1
1 3	Or CAR CIECH Minus PAID FOR	TIONAL RATE	
ú	(1) CFR (.160) Minus		DOI:
] }	Minus	× 3 ~~~ =	₹ .
_	FIRST PRESENTATION OF WILLTING	x s 100 = OR x s 50 =	7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		
		+5 00-	
	10-1	TOTAL OR + 360	- 1
O	(6-1	OR ADDITEE	
	REMAINING HIGHEST	- 1000 FEE	
ίū	AFTER NUMBER PRESENT	CATE	
$\sum_{i=1}^{N}$	TOTAL PAID FOR	RATE AOOL	
Z	todi-	TIONAL RATE ADDI-	
AMENDMENT	Minus	s 25 TONA	-
₹			
<u>.</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))	300	
	(31 CFR 1,16(d))	180 OR K 5200	- 1

OR

OR

,360

FOTAL

ADO'L FEE

TOTAL ADO'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

If the Highest Number Previously Paid For IN THIS SPACE is less than J. enter J.

The Highest Number Previously Paid For Motal or Independently is the highest number found in the appropriate box in column to The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

+ 5 (80=

If you need assistance in completing the form, call (-800-P FO.9199 and select option 2